PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

PUBLICATION FEE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for any change of address)

7590

02/08/2006

TUNG & ASSOCIATES 838 W. Long Lake Road, Suite 120 05/08/2006 HDENESSE 00000039 10050322

APPIN TYPE

01 FC:1501 02 FC:1504

1400.00 OP 300.00 OP

SMALL ENTITY

Note: A certificate of mailing can only be used for donestic mailings of the Fee(s) Transmittal. This certificate eamoot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmitted is being deposited with the United States Postal Service with sufficient postage for first class sail in an eavelope addressed to the Mail Stop ISSUE FEE address above, or being facaimile transmitted to the USPTO (571) 273-2886, on the date indicated below.

Randy W. Tu	ne /	(Ocpositor's name)
		(Signature)
5/8/2006		(Date)

TOTAL FEE(S) DUE

DATE DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/050,322	01/15/2002	Ming Huan Tsai	67,200-613	3498
TITLE OF INVENTION: B	I-LAYER PHOTORESIST	DRY DEVELOPMENT AND REACTIVE ION ETCH METH	OD	

ISSUE FEE

nonprovisional	ОМ	\$1400		\$300	\$1700	05/08/2006
EXAM	iner	ART UNI	n	CLASS-SUBCLASS]	
BARRECA,	NICOLE M	1756		430-312000	•	
CFR 1.363). Change of correspond	e address or indication of "F lence address (or Change of	, I	(1) the na	ting on the patent front page, himes of up to 3 registered pater OR, alternatively,	. m	& Associates
Address form PTO/SB/13 "Fee Address" indicat	22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	ation form	(2) the naregistered	me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	nes of up to	
. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	HE PATEN	(print or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified b 37 CFR 3.11. Completion	clow, no assignee of of this form is NOT	lata will app 'a substitute	car on the patent. If an assign	nee is idensified below, the	document has been filed for
			(B) RESIDE	NCE: (CITY and STATE OR	COLINTRAL	
(A) NAME OF ASSIGN				atent): XX Individual 🔘 C	,	group entity 🔲 Governmen
lease check the appropriate	assignee category or catego	ries (will not be pri		atent): XX Individual 🔾 C	,	group entity 🔲 Governmen
lease check the appropriate	assignee category or catego	ries (will not be pri	nted on the p	atent): XX Individual 🔾 C	orporation or other private	group entity 🔲 Governmen
Please check the appropriate a. The following fee(s) are because Fee XX iblication Fee (No s	enclosed: mall entity discount permitte	aries (will not be pri 4b.	nted on the p	atent): XX Individual C	orporation or other private	group entity 🔲 Governmen
Please check the appropriate a. The following fee(s) are because Fee XX iblication Fee (No s	assignee category or catego	aries (will not be pri 4b.	nted on the p Payment of A check RPayment The Dire	atent): XX Individual C Fec(s): in the amount of the fee(s) is en	corporation or other private aclosed. B is attached. aree the required fee(s), or	
Please check the appropriate a. The following fee(s) are tissue Fee SX iblication Fee (No s	enclosed: mall entity discount permitte	wies (will not be pri 4b. sd)	nted on the p Payment of A check RPayment The Dire	atent): XX Individual C Fcc(s): in the amount of the fee(s) is en by credit card. Form PTO-203 tor is hereby authorized by the	corporation or other private aclosed. B is attached. aree the required fee(s), or	credit any overpayment, to
Please check the appropriate a. The following fee(s) are the first received the fee fee fee fee fee fee fee fee fee f	eassignee category or category	wies (will not be pride 4b.	Payment of A check	atent): XX Individual C Fcc(s): in the amount of the fee(s) is en by credit card. Form PTO-203 tor is hereby authorized by the	aclosed. 8 is attached. arge the required fee(s), or a conclusion of the conclusio	credit any overpayment, to xtra copy of this form).
Please check the appropriate a. The following fee(s) are the first received the fee fee feet and fee fee feet and feet feet feet feet feet feet feet fee	enclosed: mall entity discount permitt Copies (from status indicated above MALL ENTITY status, Soo	4b.	Payment of A check	fee(s): The smount of the fee(s) is ending the form PTO-2036 to the feeth of the fee the count Number	aclosed. 8 is attached. arge the required fee(s), or a cuclose an e	credit any overpayment, to xtra copy of this form). CFR 1,27(g)(2).
Please check the appropriate a. The following fee(s) are the first received the fee fee fee fee fee fee fee fee fee f	enclosed: mall entity discount permitt Copies (from status indicated above MALL ENTITY status, Soo	4b.	Payment of A check	atent): XX Individual C Fcc(s): in the amount of the fee(s) is en by credit card. Form PTO-2036 stor is hereby authorized by cha account Number	aclosed. 8 is attached. arge the required fee(s), or a (cinclose an e) LL ENTITY status. See 37 by paid issue fee to the appliatered attorney or agent; or	credit any overpayment, to xtra copy of this form). CFR 1,27(g)(2).

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 01/06) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE